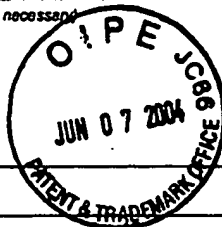


Substitute for form 1449A/PTO

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)



Sheet 1 of 1

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/USPSA/10-011  
Approved for use through 10/31/2002. OMB 631-0031  
US Patent & Trademark Office, U.S. DEPARTMENT OF COMMERCE

Complete if Known

Application Number 10/789,212  
Filing Date February 27, 2004  
First Named Inventor Flynn, Harry  
Group Art Unit 1724  
Examiner Name Unknown Hopkins

Attorney Docket No: KMG1098

## US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	Filing Date If Appropriate
RAH	US-1,856,685	05/03/1932	Anderson			05/19/1928
	US-2003/0150330	08/14/2003	Hotta, et al.			02/06/2003
	US-2,788,087	04/09/1957	Lenahan			04/07/1955
	US-3,816,383	06/11/1974	Stotko	260		05/01/1972
RAH	US-6,399,033	06/04/2002	Hartmann, Achim	423	74	11/03/1995

## FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	T <sup>2</sup>
--------------------	---------------------	------------------	---	-------	----------	----------------

## OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
--------------------	----------------------	---	----------------

EXAMINER

*[Signature]*

DATE CONSIDERED

1/3/06

Substitute Disclosure Statement Form (PTO-1449)  
\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional) : Applicant is to place a check mark here if English language Translation is attached